Wisconsin Medicaid and BadgerCare Dental Benefit Overview

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Medicaid and BadgerCare

- Medicaid (MA): joint federal/state program established in 1965 to pay for medical services for disabled, elderly, children and their caretakers, and pregnant women who meet the program's financial requirements.
- BadgerCare is a related insurance program for low-income families
- State pays 30-42% of cost
- Basic dental services:
 - Optional benefit for adults
 - Required benefit for children, under EPSDT

Covered Services

- Exams, x-rays
- Cleanings, fluorides, sealants
- Amalgam and resin fillings
- Prefabricated crowns
- Root canal therapy
- Basic periodontal services
- Full and partial dentures
- Simple and surgical extractions
- Orthodontics for children
- Palliative care
- "HealthCheck Other Services"

Services Not Covered

- Implants
- Veneers
- Gold/platinum/titanium restorations
- Advanced periodontal services
- Instruction/behavior management
- Services where prior authorization is denied

Non-reimbursable, non-billable services" include:

- Local anesthesia
- Fees for missed appointments

Payment Types

Fee-for-Service

- Individual dentists enroll
- Dentists submit claims to MA fiscal agent in Madison
- Payment for allowable claims paid directly based on MA fee schedule

Federally Qualified Health Centers

- Designated by federal Department of Health and Human Services
- Cost-based reimbursement for Medicaid enrollees required by federal law
- Payment for allowable claims paid directly based on MA fee schedule
- Year-end cost settlements
- 13 FQHCs in Wisconsin; not all provide dental services

Payment Types

Managed Care

- Enrollment mandatory in 48 counties, voluntary in 18, not available in 6
 - 64% of recipients are in HMOs
- Milwaukee, Racine, Kenosha, and Waukesha Counties include oral health in HMO contracts
 - 166,403 recipients; 48% of HMO enrollees
- Capitation rate is paid to HMOs who maintain provider networks

Physicians and HealthCheck

 Submit claims for limited preventive dental services to FFS or HMO, as applicable

Dentist Participation

FFS participation is low

- 2004: 40% of Wisconsin licensed dentists (1,342) submitted a FFS claim
 - 59% of these had more than 50 paid claims
 - 12% had more than 500 paid claims
- Recurring Issues:
 - Reimbursement
 - Administrative requirements
 - Recipient behaviors
- HMO contracts require maintenance of adequate provider networks
 - Subcontractors: SEDA, Doral

Expenditures

FY 04 fee for service expenditures approximately \$28 million

- 2003-2004: utilization stable
 - All ages: up slightly to 22.8%

FY 04 Managed care capitation payments: approximately \$10M

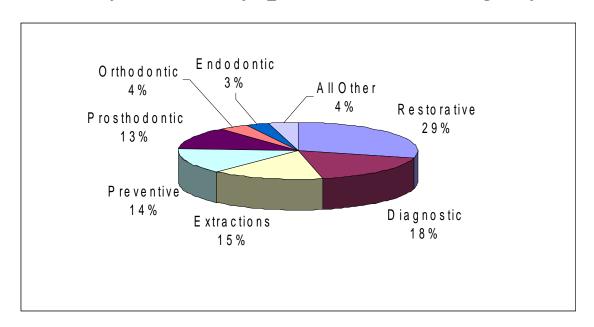
- 2001-2003: utilization increased
 - Children: up 4 points to 25.3%
 - Adults: up 2 points to 30.5%

Fluoride billing by non-dentists is, so far, small

Additional expenditures incurred for oral surgeons in physician clinics, hospital inpatient, outpatient and ER

FFS Expenditures

Payments by procedure category



- 2004: paid 46% of billed (1993: 61%)
- 2000: Fees at 65% of CY 1998 charges
- 2002, 2003: 1% budget increases
- 2004, 2005: no increases
- From 1993-2004:
 - Expenditures up 62%
 - Number of services up 16%
 - Billed charges up 116%
 - Dental inflation 3 times higher than overall CPI, higher than medical inflation

FFS Billing Procedures

Eligibility verification

- Phone line or card swipe-reader
- Future: Internet verification

Prior authorization (when necessary)

- PA request form, check-box form, necessary attachments
- 10-business day normal turnaround
- Reduction plan in progress: orthodontia, dentures, periodoantal, TMJ, adult molar root canals
- Future: using ADA claim form as PA request form

Claims submission

- ADA 2000 / 2002 paper claims (70%)
- Electronic transactions (30%)
- 14-day average payment time

FFS Paper Claim Requirements

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Common Reasons for FFS Claim or Procedure Denial

- Recipient not eligible on date of service
- Recipient has other insurance
- Recipient name/ ID number mismatch
- Exceeding service limitations
- Prior authorization necessary for service
- Procedure is not a covered service

These account for over 80% of FFS dental denied claims and procedures

Denial rates for dental are comparable to or less than the rates for other provider types

How FFS Recipients Access Care

- Recipient Services hotline
 - Approximately 1300 calls per month
- Participating dentists
- Safety net clinics
- Advocates: legislators, county social workers, referring physicians
- Hospital emergency rooms: sedatives, antibiotics
- Physicians and HealthCheck providers: sealants and fluorides

Recipients' Obstacles to Oral Health

- Low participation rate among dentists
- Very few dentists accepting new MA patients
- Long waiting lists
- Accessing dental services on emergency, rather than routine basis
- Poor oral hygiene and preventive care practices
- Dietary and lifestyle factors
- Special needs of disabled, elderly
- High cost of private payment for dental care
- No established relationships with dentists
- Shortage of dentists, particularly in rural areas and for special needs populations
- Lack of interpreter services

DHCF Responses

- Recertification of dentists
- Close relationship with safety net clinics
- "Urgent Care" form for noncertified dentists
- PA simplification and paperwork reduction
- Claims processing accommodations
- Training for dental billing staff
- Reimbursement for fluoride varnishes applied by physicians and HealthCheck agencies
- Managed care

Managed Care Contract Requirements

- Dental provider network submitted to DHCF for approval at certification
 - 2004: DHCF audit to confirm networks
- Enrollment broker has current provider lists for counseling enrollees
- HMOs contractual guarantees:
 - Routine appointments in 90 days or less
 - Emergency appointments in 24 hours or less
 - Dentist location: 35 miles or less
 - Grievance process
 - Reports to DHCF on access and outreach

Managed Care Advantages

- Enrollees guaranteed oral health care services, with no co-payments
- Enrollees have access to:
 - Advocate at HMO
 - Managed Care Ombuds Program
 - Grievance process at HMO, DHCF, and Fair Hearing Levels
- Complaints from managed care enrollees are rare and are resolved promptly by the HMO
- Oral health care is considered an important part of a comprehensive care plan for HMO enrollees.

Options From Other States

Increasing FFS dental budget: IN, WA

- Measurable impact, but % increases in access less than % increase in budget
- Targeted increases: pediatric dentists, preferred provider network

"Carving out" dental agent: TN, MI

- Raised fees substantially
- Improved access but at significantly higher costs
- MI program limited to selected rural areas

MA-certified hygienists: MN, CO

 Could provide more services to children, nursing home residents

Expanded-function dental auxiliaries: OH

- Can enhance dentist productivity
- Expand access at lower cost

Summary

- Wisconsin Medicaid spent almost \$40 million on oral health care in FY 2004
- Recipients face substantial barriers to access
- Only 40% of Wisconsin's dentists participate in FFS Medicaid
- Most participating dentists are not accepting new patients
- MA fees have not kept pace with increases in billed amounts
- FFS billing requirements are substantially similar to ADA guidelines
- DHCF addressing concerns on paperwork, ease of participation
- Managed Care contracts include enforceable guarantees
- Currently evaluating HMO utilization
- Universal problem in Medicaid
- Raising fees does not necessarily improve access